

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Pablo	Christopher	G.	808-432-4622
MAILING ADDRESS (Street)			FAX
501 Alakawa St.			808-432-4632
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Kaiser Foundation Health Plan, Inc.			808-432-0000
MAILING ADDRESS (Street)			FAX
3288 Moanalua Road			
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96819	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Phyllis J.B. Dendle			808-432-4626
MAILING ADDRESS (Street)			FAX
501 Alakawa St.			808-432-4632
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

☒ Human ServicesScience, Technology &
Economic DevelopmentCommunications &
Public Utilities☒ Government Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

☒ Consumer Protection &
Commerce

Hawaiian Affairs

☒ Labor & Employment

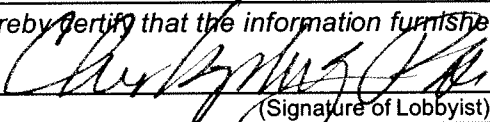
Transportation

Culture, Arts, Historic
Preservation☒ HealthPlanning, Land & Water
Use ManagementOther: (indicate below)

_____Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

01-09-07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Janice L. Head

President, Hawaii Region

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Kaiser Foundation Health Plan and Hospitals, Inc.

808-432-5857

MAILING ADDRESS (Street)

FAX

2828 Paa Street

808-432-5866

(City)

(State)

(Zip Code)

Honolulu

Hawaii

96819

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1/16/07

(Date)